



New York City Comptroller
Brad Lander

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-E

Personal Injury Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

Attorney is filing.

Attorney Information (If claimant is represented by attorney)

+Firm or Last Name: BONUS

+Firm or First Name: JUSTIN

+Address:

634 CLASSON AVENUE

Address 2:

+City:

BROOKLYN

+State:

NEW YORK

+Zip Code:

11238

Tax ID:

Phone #:

(347) 920-0160

+Email Address:

JUSTIN.BONUS@GMAIL.COM

+Retype Email Address:

JUSTIN.BONUS@GMAIL.COM

Claimant Information

*Last Name:

*First Name:

*Address:

Address 2:

*City:

*State:

*Zip Code:

*Country:

Date of Birth:

Format: MM/DD/YYYY

Soc. Sec. #

HICN:
(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

*Email Address:

*Retype Email Address:

Occupation:

City Employee? Yes No NA

Gender Male Female Other

The time and place where the claim arose

*Date of Incident:

06/17/2023 Format: MM/DD/YYYY

Time of Incident:

Format: HH:MM AM/PM

*Location of Incident:

ARREST AND INCARCERATION OCCURRED IN KINGS COUNTY.

Address:

Address 2:

City:

BROOKLYN

*State:

NEW YORK

Borough:

BROOKLYN (KINGS)

* Denotes required fields.

+Denotes field that is required if attorney is filing.

A Claimant OR an Attorney Email Address is required.



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*Manner in which
claim arose:

DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1983) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW PURSUANT TO MUNICIPAL POLICY, PRACTICE AND/OR CUSTOM (42 U.S.C. § 1983 AND MONELL V. DEPT OF SOCIAL SERVS., 436 U.S. 658 (1978)) IN VIOLATION OF THE AFORESAID AMENDMENTS; CONSPIRACY TO INTERFERE WITH CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1985) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION UNDER COLOR OF LAW OF RIGHTS GUARANTEED BY ARTICLE 1, SECTIONS 6 AND 12 OF THE CONSTITUTION OF THE STATE OF NEW YORK; FALSE ARREST; FALSE IMPRISONMENT; MALICIOUS PROSECUTION; NEGLIGENCE; CRUEL AND UNUSUAL PUNISHMENT; EXCESSIVE FORCE; DESTRUCTION OF PROPERTY; INTENTIONAL INFILCTION OF EMOTIONAL DISTRESS; PRIMA FACIE TORT; ABUSE OF PROCESS; NEGLIGENT HIRING; NEGLIGENT TRAINING; NEGLIGENT SUPERVISION; FAILURE TO INVESTIGATE; FAILURE TO TIMELY AND PROPERLY RESPOND TO MISCONDUCT; MISREPRESENTATION; FAILURE TO TIMELY AND PROPERLY EXERCISE PROSECUTORIAL FUNCTIONS AND INDEPENDENT JUDGMENT. IT IS ALLEGED THAT THE EMPLOYEES OF THE CITY OF NEW YORK INTERFERED WITH THE CIVIL RIGHTS OF THE CLAIMANT WHEN OFFICERS OF THE NEW YORK CITY POLICE DEPARTMENT ON JUNE 17, 2023 DURING THE EVENING HOURS ARRESTED CLAIMANT WITH NO PROBABLE CAUSE. AFTER SPENDING OVER A DAY INCARCERATED THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DECLINED TO PROSECUTE THE CASE BASED UPON THE UNLAWFUL ARREST. THE AFORESAID CAUSES OF ACTION ARISE FROM THE UNLAWFUL ARREST, EXCESSIVE FORCE, DESTRUCTION OF PROPERTY, IMPRISONMENT AND ABUSE OF CRIMINAL PROCESS OF CLAIMANT LLOYD CEASAR FOR CHARGES UNKNOWN, AS A RESULT OF THE WILLFUL, INTENTIONAL, MALICIOUS, RECKLESS, NEGIGENT, AND OR DELIBERATE INDIFFERENCE OF THE CITY OF NEW YORK, THE NEW YORK CITY POLICE DEPARTMENT, AND THEIR EMPLOYEES, AGENTS AND/OR SERVANTS. MR. CEASAR WAS ALSO SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT WHEN HE WAS INCARCERATED FOR OVER A DAY. THE AFORESAID DEPRIVATIONS, BREACHES, TORTS AND VIOLATIONS ARE CONTINUOUS FROM THE DATE OF ARREST ON JUNE 17, 2023 TO JUNE 19, 2023, WHICH WAS THE DATE THAT THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DISMISSED THE CHARGES. MR. CEASAR WAS INCARCERATED WRONGFULLY FOR OVER A DAY. POLICE OFFICERS ALSO ASSAULTED MR. CEASAR DURING THE ARREST, WHICH CAUSED HIM TO BE TAKEN TO THE HOSPITAL PRIOR TO BEING RELEASED AND DESTROYED HIS CAR WHEN THEY SEARCHED IT LOOKING FOR CONTRABAND.



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**The items of
damage or injuries
claimed are
(include dollar
amounts):**

ON THE NIGHT OF JUNE 17, 2023, CLAIMANT ARRESTED FOR CHARGES UNKNOWN. THERE WAS NO PROBABLE CAUSE TO ARREST CLAIMANT. DURING THE ARREST, MR. CEASAR WAS BEATEN BY OFFICERS AND TAKEN TO THE HOSPITAL PRIOR TO BEING TAKEN TO CENTRAL BOOKING. BECAUSE OF THE UNLAWFUL ARREST, THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DECLINED TO PROSECUTE THE CASE AGAINST CLAIMANT ON JUNE 19, 2023. CLAIMANT WAS BEATEN, HIS CAR WAS DESTROYED AND WAS SUBJECTED TO OVER A DAY OF INCARCERATION. ON JUNE 19, 2023, THE CASE AGAINST CLAIMANT WAS DISMISSED BY THE KINGS COUNTY DISTRICT ATTORNEYS OFFICE.

THE DAMAGES SUSTAINED BY CLAIMANT, UPON INFORMATION AND BELIEF ARE:

THE CLAIMANT SUFFERED FROM EXCESSIVE FORCE, DESTRUCTION OF PROPERTY, WRONGFUL PROSECUTION, WRONGFUL AND UNCONSTITUTIONAL LOSS OF LIBERTY FOR OVER A DAY, AND ALL DAMAGES THAT ARE ASSOCIATED WITH SUCH LOSS AND INTERFERENCE OF THE AFOREMENTIONED RIGHTS, INCLUDING, BUT NOT LIMITED TO, SEVERE MENTAL ANGUISH, PHYSICAL INJURIES, EMOTIONAL DISTRESS, HUMILIATION, INDIGNITIES, EMBARRASSMENT, ECONOMIC AND MONETARY LOSS, DEGRADATION AND INJURY TO REPUTATION AS WELL AS LOSS OF ENJOYMENT OF LIFE.

SAID CLAIMS AND DEMANDS ARE HEREBY PRESENTED FOR ADJUSTMENT AND PAYMENT. YOU ARE HEREBY NOTIFIED THAT UNLESS THEY ARE ADJUSTED AND PAID WITHIN THE TIME PROVIDED BY LAW FROM THE DATE OF PRESENTATION TO YOU, THE CLAIMANTS INTEND TO COMMENCE AN ACTION IN THESE CLAIMS. CLAIM IS MADE FOR PERSONAL INJURIES AND FINANCIAL LOSSES FOR FIVE HUNDRED (\$500,000) DOLLARS ON BEHALF OF CLAIMANT LLOYD CEASAR.



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Medical Information

1st Treatment Date:	<input type="text"/>	Format: MM/DD/YYYY
Hospital/Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	<input type="text"/>
Date Treated in Emergency Room:	<input type="text"/>	Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	

Employment Information (If claiming lost wages)

Employer's Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	<input type="text"/>
Work Days Lost:	<input type="text"/>	
Amount Earned Weekly:	<input type="text"/>	

Treating Physician Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	<input type="text"/>

Witness 1 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>

Witness 2 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>

Witness 3 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>

Witness 4 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>



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Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Non-City vehicle driver

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Insurance Information

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	

Non-City vehicle information

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

Description of claimant:

<input type="radio"/> Driver	<input type="radio"/> Passenger
<input type="radio"/> Pedestrian	<input type="radio"/> Bicyclist
<input type="radio"/> Motorcyclist	<input type="radio"/> Other

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	

Total Amount Claimed:

\$500,000.00

Format: Do not include "\$" or ",".

The Total Amount Claimed can only be entered once the following required fields are entered:

*Claimant Last Name
Claimant First Name
Claimant Address,City,State,Zip Code, and Country
Claimant Email or Attorney Email
Date of Incident
Location of Incident (including State)
Manner in which claim arose*

If attorney is filing, the following fields are also required:
Attorney Last Name, First Name, Address, City, State, Zip Code, Email

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.

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ଶରୀରର ଅନ୍ତର୍ଗତ ପାଦମଣ୍ଡଳ ଏବଂ

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WILLINGNESS-TO-PAY

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Page 1 of 1

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Summary and Conclusions

1. *Opportunities and challenges in developing a BIM-based construction management system*

APPENDIX 1. *UV-vis*

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காலத்திலே குறைந்த வருமானம் கொண்ட மக்கள் போன்றவர்களே அதை விடுவது என்று சொல்ல வேண்டும்.

Worshiping the God of creation, we have
the privilege of being His children, and
the opportunity of being His sons.

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